

**APPLICATION FOR SUPERVISOR
OF PHYSICAL THERAPIST ASSISTANTS**

**PLEASE BE AWARE THAT THE BOARD MUST BE NOTIFIED IN WRITING WITHIN 15 DAYS
ONCE THIS CONTRACT IS TERMINATED. ONCE THE CONTRACT WITH THE PRIMARY PT
IS TERMINATED, THIS CONTRACT IS INVALID REGARDLESS OF ANY SECONDARY
SUPERVISORS.**

Supervising Physical Therapist _____

Address _____

South Dakota Physical Therapist License Number _____

Physical Therapist Assistant Name _____

South Dakota Physical Therapist Assistant License Number _____

South Dakota Physical Therapist Assistant - **Number of Other Current Primary Supervisors :** _____

South Dakota Physical Therapist Assistant – **Other Locations of PTA Practice:** _____

On what basis will supervision be provided? _____

EDUCATION AND PRACTICE

(This portion is to be completed by the primary supervising physical therapist)

I received my training in Physical Therapy at _____

from _____ to _____

and have engaged in the practice of Physical Therapy in the following places (include dates of employment) _____

In what facility will the assistant be employed? _____

I certify that I have read, understand, and will comply with those sections regarding Physical Therapist Assistants as stated in the South Dakota Physical Therapy Practice Act.

Primary Supervising Physical Therapist Date

Secondary Supervising Physical Therapist Date

Secondary Supervising Physical Therapist Date